

Northeast Valley Coalition Against Methamphetamine Community Meeting

Meeting Summary
April 27, 2006

Welcome and Opening Remarks

Brent Stockwell, Assistant to the Mayor/City Council, City of Scottsdale, opened the meeting and thanked everyone for participating. He asked each of the participants to ensure they signed the sign-in sheets to ensure that everyone who attended is kept informed of future meetings. Mr. Stockwell introduced Council Member Kenny Smith, Salt River-Pima Maricopa Indian Community who gave welcoming remarks. He stated that meth is a horrible manmade disease that knows no color, creed, age or community. There are no boundaries for meth; it touches us all. We need to work together to help wipe it out of our communities.

Personal Remarks

Mr. Smith introduced Donald Santeo, of the General Council Office of the Salt River-Pima Maricopa Indian Community. Mr. Santeo was asked to give his personal perspective on this epidemic and his former alcohol and drug use. Mr. Santeo stated that he has a Master's Degree in Justice Studies. He stated that he is an alcoholic and a former meth user. He abused drugs and alcohol for 11 years and has been sober for 14 years. He talked about how his drug use affected his life and his family. He talked about how law enforcement, treatment and intervention provided the way for him to be here today. He said that while he was using he thought of professionals as adversaries but now he thanks them for their involvement. He said that a user will not quit because they are ordered by the court, or someone else asked them to. The decision must come from you. He was 30 years old when he decided to quit using drugs. He said some make it and some don't.

Impact of Methamphetamine in Arizona

Mr. Stockwell introduced Rob Evans, from the Governor's Office, Division of Substance Abuse Policy, who provided an overview of the Anti-Meth Initiative and what is going on in the communities and other coalitions. Mr. Evans stated that it was great to see some old and new friends today. He stated that in addition to his current job he is also a Licensed Independent Substance Abuse Counselor. He said he is not just a policy wonk, but his experience is also based on clinical experience. Mr. Evans called meth the perfect storm drug – it is readily available, cheap, long acting and provides euphoria to the user. The community is less safe with this drug and it is a high cost to taxpayers. The consequences of substance abuse have a direct impact on the state budget in the areas of criminal justice, courts, prisons, the education system and health care costs. The Governor's Office co-sponsored the Arizona Meth Conference in February. The Parents Commission provided \$1.6 million in funding for the conference attended by 700 people. At the conference, as well as here today, we have widespread representation from all disciplines. The statistics provided by Mr. Evans were that 40% of children in CPS are because of meth; over a 5-year period, 38% of males and 42% of females in custody

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tested positive for meth and in 2004, 1,041 8th- 12th graders have used drugs including meth. At the State Conference, representatives from the 22 Coalitions were provided with information about effective community-based meth prevention. The Coalitions around the state are in different stages of maturity. The goal is to lead to safer and healthier communities. We know that substance abuse isn't happening at the state and local level but at the community and family level and you can make a difference.

The Governor is funding \$5 million for three new DPS squads to combat meth. The Department of Health Services / Division of Behavioral Health is providing \$1.5 million for specialized centers for excellence. These centers will provide science-based strategies for the treatment of meth. It will roll out meth specific treatment. The legislature is also looking at legislation to provide funds for meth including rural detox and controlled access to pseudoephedrine. The federal government just passed limited access to pseudoephedrine.

Seventy percent (70%) of the meth that comes to Arizona is from across the border from Mexico and 30% is cooked locally. The DEA has just signed an agreement with the U.S., Mexico and China so that China will no longer export pseudoephedrine to Mexico as all pseudoephedrine is imported internationally.

Mr. Evans said that outcomes for all the disciplines are interdependent. We also need to look at underage drinking. Underage drinking kills more children than all drugs combined. Alcohol is not a right of passage or a substitute for marijuana or other drugs. We can't advertise, legislate, prevent or treat our way out of this. We must do it all to be successful.

Overview of Anti-Meth Initiative

Sanzanna Lolis, of the Governor's Office for Children, Youth and Families provided information about the grant from the Governor's Office to fund the state coalitions. She asked the participants to refer to the handout for details about the Governor's Anti-Meth Initiative. She stated that each community is to develop an action plan to address meth in ways that are unique to their community and to utilize various environmental prevention strategies that meet their unique needs. She stated that the first phase was not competitive but that Phase II would be. The RFP for Phase II will be released sometime later this summer. Phase I will continue through December 31, 2006. Coalitions are to use the time between now and December to collect data, conduct needs assessments and build coalition membership.

A question was asked about how other existing Coalitions can be part of the Governor's Anti-Meth Initiative. Ms. Lolis stated that the large Coalitions can have sub-coalitions that can assist with the Coalition activities. The needs assessment may determine that the Coalition should expand its activities beyond meth.

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Anti-Meth Advertising Campaign

Shelly Mowrey, Partnership for a Drug Free America, Arizona Chapter, provided background information on the Partnership. She stated that they provide proven, effective PSAs. Prior to the PSAs airing, they hold focus groups and have the information vetted by the medical community to ensure its accuracy. She discussed a PSA regarding the drug ecstasy and how successful the ad campaign was. She also stated that a survey showed that only 1/3 of parents discuss drug use with their children. She said that their PSAs are created with donated time from the actors and production. She said they have 20 different spots to choose from. They have a cause marketing campaign that can be made locally specific. They also have web content and posters for your use. To view their PSAs on their web site go to www.drugfree.org/meth.

Community Impact of Methamphetamine

A panel of people was introduced to provide the community perspective on meth. The panelists included: Rick Kidder, Scottsdale Chamber of Commerce; Kim Licciardi, Scottsdale HealthCare Osborn; Marla Abramowitz, Scottsdale Unified School District and Phil Riccio from the Crisis Intervention Unit of the Scottsdale Police Department.

Rick Kidder – He is a former Senior Policy Advisor during the Symington Administration. In 1995 he and then U.S. Attorney Janet Napolitano met with Barry McCaffery about the meth problem in Arizona. The national response was that it was a small, regional problem. As we now know it is no longer a small, regional problem. The meth user could be your physician, the person who fixes your brakes, or someone who serves your food. Meth use in small businesses is more prevalent. Small businesses do not normally have a drug testing policy. If a small business has 1-3 employees, if just one person is on meth it can kill the entire business. Identity theft, embezzlement are big problems in small businesses. Meth is a huge border problem. The meth 10 years ago was only 70% pure, now it is 90-99% pure. Many cross the border to bring meth to the U.S. for the drug cartels. The cost of meth in training police officers, the cost of hazmat suits, fume detectors and lab clean ups is a big problem. We need a comprehensive supply and demand reduction program to deal with this problem.

Marla Abramowitz – When DARE was taken from the schools they wanted to replace it with another curriculum. They chose LionsQuest which has a K-12 curriculum. The curriculum is teacher led and age specific. The information provided to the children builds each year. They are starting the phase in of the program with 6th graders and will expand it to 3rd - 8th graders next year. They also have student support services to provide chemical awareness for parents and students.

Kim Licciardi – She provided the perspective on how meth is affecting the emergency rooms. They have 1-3 meth patients per shift. The people are very agitated and uncooperative. They have symptoms of high blood pressure and increased heart rate. They are impatient and don't want to wait. Many times they have an open wound that

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has gotten infected. They won't answer questions and have to be restrained. They keep them for 20 hours until they calm down so they take up space for other people that come into the ER for treatment.

Phil Riccio – He stated that 10 pounds of meth are made in Mexican meth labs per day. Meth users have contributed to the rise in the burglary rate and 85% of the repeat offenders are meth addicts. The incidence of violent crimes such as shootings and stabbings are related to the meth-induced psychosis. Meth users act differently than heroin users. Heroin addicts have a low profile and do not confront police. There is unfounded hopelessness with meth. There are new medications that can treat meth users. If law enforcement, prevention and treatment are all on solid ground, we will be effective and make progress in dealing with the meth crisis.

Questions:

In communities, we focus on law enforcement. How do we build awareness that prison is not the only answer? Police will tell you that it is not just about law enforcement. It is a funding issue. We need significant amounts of funding for prevention and treatment specific to meth. It is tough to get medications and ongoing counseling. There is a long wait to get into treatment if you don't have insurance. As long as Congress continues to focus on enforcement, there will be less money for prevention and treatment. Prevention and treatment are long-term and expensive. We need to take politics out of it and provide a common sense approach.

What response have parents and teachers had for the LionsQuest curriculum? The response has been positive. The things that are in the curriculum are things that the teachers have been doing. They may have to change how they do a lesson for it to be an education tool about drug use. They also have a partnership with the Lions Club and five high schools. There is a concern that the programs are funded from grants and donations and the funding has shifted down over the years. LionsQuest was developed in 1985 by a group of teachers. This was a model program that is research based and district wide. To get more information about LionsQuest the web site is lions-quest.org.

What is the average age of persons coming into the ER with meth-related issues? The ages of the persons coming to the ER is 20's to 50's or 60's. Do pain medications work? The pain medications do not work for persons on meth. What is offered to persons upon release? The drug facilities are usually full so there is not a place to send the person so that is why they spend 20 hours in the ER. If the symptoms are gone and they don't want treatment they are discharged.

What has the Chamber of Commerce done for business? They connect them with Drugs Don't Work program. Small businesses need to take the lead and invest in drug free workplace activities. This has been a wake up call for the Chamber of Commerce.

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There is concern that persons who are clean and sober are not given a chance by employers. The reality is that employers may not want to take the risk with a former drug user because the relapse rate is high. Meth alters a person's brain chemistry and there could be long-term depression and they can suffer from psychosis from past drug use even if they are no longer using.

Brent stated that the Attorney General's Office has offered "Meth 101" information sessions. If you wish to take advantage of these, contact Brent and he will set it up for you.

Community Table Discussions

Karen Kurtz introduced the group activity to identify the strengths in the community to address this issue and what actions to take toward the solution. Each table brainstormed the questions and reported out to the group as follows:

Strengths:

1. Partnership and communication between school districts, the town/city government and law enforcement.
2. Programs are already established
3. Partnership for a Drug Free America – PSAs and literature
4. Cooperation between intergovernmental agencies and non-profits
5. Control on the sale of pseudoephedrine
6. Community members are available to assist the coalition
7. Recognizing Tribal and State coalitions
8. Having information on LionsQuest
9. Alternative programs – drug courts for adults and youth
10. Tribal structure – use elders to educate
11. Community-oriented policing
12. Town Hall
13. Collaborative, willing community
14. Clear, established working models
15. Organizing interfaith network to tap things in place
16. Neighborhood resources at Police Department and City
17. Strategy team in place

Actions:

1. Public awareness – use PSAs on government, educational and cable channels
2. PSAs in newsletters
3. Speak to small groups about the issue
4. Parent and community information meetings
5. Access to affordable counseling and treatment units for addicts
6. Faith-based coalition and alternate sentencing
7. Get rehabilitation instead of jail – do not label them as addicts

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8. Clearinghouse of information – central site for programs and events
9. Publicize the information about the meth problem – how it affects the neighborhood to have a lab in their area
10. Drug court
11. In-home counseling
12. Marketing and education – for the younger generation, use the Internet and sites they use to provide information
13. Targeted education message about meth – tell them that it is not a recreational drug and can have first time use addiction
14. Use personal testimony for youth and adults
15. Make treatment options part of the campaign – obtain dollars for treatment

What's Next – Building the Coalition

Brent asked the participants to complete the form in the packets regarding contact information for persons to participate in future coalition activities. Brent also asked participants to complete the evaluation forms. As stated, the timeframe is quick and we need to have a sense of urgency to the problem. We need leadership for the coalition, to conduct a needs assessment and develop strategies for funding from inside and outside the community. We need to identify what we are doing now. For example, you may want to take the LionsQuest information to your school district.

Closing Remarks

Councilman Wayne Ecton gave the closing remarks. He has seen the effect of drugs on large and small businesses. This issue is an epidemic that needs more attention. The statistics were scary. The general public doesn't realize how big the issue is. He provided an example about a manufacturing plant that did an investigation on drug use and found that 35% of the employees were taking some type of drug. This forum is a great start and we need to intensify the effort.